

Carolyn Edmonds, *Board of Health Chair*

BOH Members:

Richard Conlin
George W. Counts
Jan Drago
Carolyn Edmonds
Ava Frisinger
Larry Gossett
Steve Hammond
David Hutchinson
David Irons
Kathy Lambert
Frankie T. Manning
Bud Nicola
Julia Patterson
Alonzo Plough
Tom Rasmussen

BOH Staff:

Wendy Roark

King County Board of Health
Friday, January 21, 2005
King County Council Chambers
MEETING PROCEEDINGS

Members Present: Richard Conlin, Julia Patterson, George Counts, Carolyn Edmonds, Ava Frisinger, Steve Hammond, David Hutchinson, David Irons, Frankie Manning, Bud Nicola, Tom Rasmussen

Members Absent: Larry Gossett, Jan Drago, Kathy Lambert

Staff: Alonzo Plough and Jane McKenzie

I. Call to Order

The meeting was called to order at 9:38 a.m. by Board Chair, Carolyn Edmonds.

II. Announcement of Alternates

Chair Edmonds: No alternates present.

III. Approval of Minutes

A motion was made to approve the December 17, 2004 meeting minutes. The motion was seconded and the minutes were approved.

IV. General Public Comments

None.

V. Chair's Report

Chair Edmonds discussed an article from the December issue of the American Journal of Public Health entitled "The Health Impact of Resolving Racial Disparities," in which researchers found that more lives could be saved if the U.S. healthcare system spent more money on trying to achieve equity in treatment and outcomes and less on the "technology" of care.

She also reported on a presentation given to the Lake Forest Park Elementary P.T.A. on childhood obesity and the growing epidemic of obesity in King County. The Shoreline School Board is devoting three committee as a whole meetings to the issue of childhood obesity beginning in late January.

The follow-up to last year's overweight prevention summit is scheduled for May 13th, 10:00 am - 2:00 pm at the Shoreline Center, and all Board members are invited to attend. The last summit was very well received.

The December 15th meeting of the State Board of Health was Chair Edmonds' last meeting, but Frankie Manning continues to represent this County on the State Board of Health. Board Member Manning is participating on a workforce planning committee to examine health workforce diversity. The committee is focusing on how to improve diversity by recruiting diverse populations into the health care workforce. The last State Board of Health meeting included a discussion of newborn screening tests; the State Board is examining the possibility of adding to the nine newborn screening tests currently performed in the state

Chair Edmonds invited Rob Johnson, Policy Director with the Transportation Choices Coalition, to use some of her Chair Report time to discuss his group's efforts to promote legislative action supporting the linkage between Public Health, Land Use Planning, and Transportation Planning. Mr. Johnson stated that his group has found a direct link between population growth and inactivity, and also that every additional 30 minutes spent in a car each day translates to an additional 10 pounds gained. His coalition has a policy objective of promoting healthy communities and increased physical activity, especially among children, and supporting State funding for active transportation programs, such as programs that encourage biking, walking and safe routes to school. The coalition includes the Public Health Department from Seattle and King County, the King County Executive's Office, the King County Department of Transportation, a variety of transportation nonprofit organizations, and the State DOT.

VI. Board Members' Updates

Board Member Frisinger informed the Board that Issaquah City Council will soon see a presentation on walking maps for Issaquah.

VII. Director's Report

Dr. Plough gave the Board a final update on availability and distribution of influenza vaccine. He summarized the year's flu vaccine activities as follows. At the beginning of the season, the department promoted a message that all people should be vaccinated for flu. When issues arose in the national production supply, the Department coordinated with the entire King County healthcare system to allocate the scarce supply of flu vaccine to the highest risk populations. In November and December, vaccine became more broadly available. In late December and January, Public Health determined that "a shot in the arm is better than a shot on the shelf," and relaxed guidelines on who should receive a shot. Healthcare providers should now have sufficient supply to provide shots to individuals who want them.

VIII. Briefing King County Health Advisory Task Force

Chair Edmonds introduced Dr. Alvin J. Thompson, a former member of the King County Board of Health and a member of the King County Health Advisory Task Force, and Dorothy Teeter, Chief of Health Operations for Public Health – Seattle & King County, to bring the Board up to date on the Puget Sound Health Alliance. Dr. Thompson explained that escalating health care costs in King County led Executive Sims to charter the Health Advisory Task Force. King

County will experience health care costs escalating from \$154 million in 2004 to \$300 million in 2009, if left unchecked.

The health insurance system and the health care system itself must be changed in order to accomplish the goals of highest quality at decreasing rates of escalating costs. In addition to the deficiencies in these two systems, other factors contributing to the escalation of health care costs include:

- health care practice not being sufficiently oriented towards improving outcomes;
- increased longevity paired with increased prevalence of chronic disease;
- The absence of a sustained and trusting collaboration of stakeholders.

The Task Force recommendations included implementation of quality measures, pay for performance, and a region-wide electronic medical records system.

Chair Edmonds commented that a key component of this endeavor is the patient taking responsibility for their own health care. She asked Dr. Thompson if this assumes that the general population wants to take on that responsibility, and whether this is a reasonable assumption. Chair Edmonds also raised a concern about balancing automated clinical information systems with patient privacy issues. Dr. Thompson affirmed that the Task Force is looking at all of these issues as they decide how to proceed.

Board Member Hutchinson noted the importance of small business participating in the stakeholder collaboration.

Ms. Teeter explained that the Puget Sound Health Alliance was an outgrowth of the Task Force's recommendations. It is an independent organization that will soon secure non-profit status. The Board of the Alliance includes purchasers, health care professionals, plans, and patients. Membership is expected to be composed of nine business/employer representatives (a mix of small, large, government and private), four health care professionals, and four health plan members. Small business will be represented on the Board by associations that can represent numerous small businesses at once, such as Chambers of Commerce.

The Alliance is recruiting members from King, Kitsap, Pierce and Snohomish Counties, to promote an integrated regional approach to healthcare. The Alliance's goal is to cover enough of the population of these four counties to move the market towards improving quality, getting rid of unnecessary care, doing more planned care, and through these activities, decreasing the health care cost curve. The Alliance's mission is to attempt to align market forces and strategies through science and leadership, and pursue strategies to get improved health status, improved quality of care, and decreased costs. The Alliance will build a regional, four county reporting system that will be used to assess quality and cost performance in our region.

Across the four counties, approximately 300,000 people are covered by current members of the Alliance.

Consumers will be involved in the planning, not through membership on the Board, but as focus groups and testers of different tools.

Board Member Hutchinson asked what the Alliance would use as their base of information for decision-making. Ms. Teeter responded that the Alliance will build a repository or data warehouse, populated data from medical claims, and including clinical data from those health plans or physician groups that have it.

Board Member Rasmussen inquired that beyond providing patients with reliable information for decision-making, what would the Alliance do to motivate patients to actually carry out things that they need to do to improve or protect their health? Ms. Teeter replied that the Alliance would develop a self-management tool to identify how patients like to be supported in things like smoking cessation. Patients would identify whether they like a coach, phone calls, information, etc. Public Health community health workers would also help support individual effort, in endeavors such as asthma management.

An interim Board is making decisions until the formal Board is in place by the end of the first quarter. The Alliance is recruiting an Executive Director, and Ms. Teeter asked the Board to forward her names of individuals who might be a good fit. Chair Edmonds thanked Ms. Teeter and Dr. Thompson for their presentation, and asked that they return to brief the Board on the progress made in the Health Alliance.

IX. Briefing Preparedness for Isolation and Quarantine

Chair Edmonds and Dr. Plough introduced Amy Eiden and Jim Jorgenson from Public Health's Preparedness program, to give background information related to a code repeal on which the Board will vote in February.

Ms. Eiden and Mr. Jorgenson discussed the need to be prepared to use legal measures to enforce isolation and quarantine orders, the county's coordinated planning efforts in this area to date, and an overview of the State and Federal laws that allow involuntary detention when necessary for isolation and quarantine.

The goals of isolation and quarantine are to contain the spread of a communicable disease by rapidly separating the ill and contagious persons or those suspected of being exposed and potentially infected from those who are well. Isolation is the separation of someone who is infected or contaminated from others who are well. Quarantine, in contrast, is the separation and restriction of movement of a well person who has been exposed to an infectious agent but who is not ill.

Authority to impose isolation and quarantine is an aspect of the State's inherent powers to protect the health and safety of its citizens (these are called police powers and are reserved to the states under the federal Constitution). The federal government also has authority to act in cases involving the risk of international transmission into this country from other countries, or the risk of interstate transmission.

The City of Toronto's experience implementing large-scale isolation and quarantine during the 2003 SARS outbreak illustrates important lessons about effective planning for and use of these interventions. The cost to the Provincial government for this outbreak over those first months of 2003 are estimated at over \$1 billion Canadian. The CDC has provided, in the wake of the Toronto outbreak, guidelines for local public health departments for putting together plans to isolate and quarantine residents.

Based on the City of Toronto's experience, Public Health-Seattle & King County is working to build a plan that addresses all hazards. Isolation and quarantine will always be employed with other interventions as part of a comprehensive integrated response to infectious disease. It must extend only as long as the period of communicability. Limitation of civil rights must be as minimal as possible. It requires coordination and planning across many constituencies in and outside of government, and the cooperation of many community-based providers. Finally, successful isolation and quarantine depends upon the education, trust and participation of the general public. It need not be absolute to be effective, and voluntary isolation is to be sought over compulsory. Isolation & quarantine must be implemented following strict ethical principles.

Ms. Eiden explained that there are separate laws and rules governing TB and governing other diseases. The State Board of Health adopted rules for TB in 1995 and for other diseases in 2002. The 2002 rules specify procedures that must be followed if it is necessary to approach a court for involuntary detention for the purpose of disease control. Washington State laws and rules reflect the belief that involuntary detention is a last resort and that least restrictive alternatives must be used. A variety of standard due process provisions are mandatory, and the court will review the length of detention at specified intervals.

Procedurally, the Local Health Officer for both TB and other diseases may directly initiate an initial emergency detention, or the Local Health Officer may petition the Superior Court for an order for emergency detention. The health department's planning includes working with law enforcement to train them on the Local Health Officer's authority to take these actions. These are civil detentions rather than arrests. Protocols also include automatic assignment of public defender to the person being detained.

The State rules specify the process for enacting continued detention beyond the initial emergency period. The Board will vote in February to repeal a current City of Seattle Ordinance that allows the Local Health Officer to impose isolation and quarantine, since that law is now completely supplanted by the State rules.

The Federal Government has specific rules that govern its responsibility at ports of entry to this country and also in cases of interstate transmission, those being traditional matters of Federal responsibility.

The Department is preparing for large-scale isolation and quarantine activity through: preparing internal systems and the workforce for all types of emergencies; strengthening and broadening partnerships with government and community-based organization; and partnering with the public to build trust and clarity towards successful response to any kind of emergency. Public Health has a surveillance system that will identify an outbreak and its spread, and guide its response.

The Department's role will be to:

- assess the safety and suitability of home environments to support people isolated or quarantined in their homes;
- provide a facility option for those without homes or for whom home is inappropriate;
- monitor the health status of isolated or quarantined individuals, and assure that health services are delivered to those needing them;
- serve as a central hub for the coordination and assessment of the delivery of support services of a non-medical variety;
- coordinate communication including connection with other emergency response agencies, interpretive and multiple language capacities, providing accurate, timely information to media, partners and the public.

Public Health envisions a twofold plan for isolation and quarantine, that includes home-based and facilities-based isolation and quarantine. The department also needs to be prepared for scenarios that include the minimum of ensuring that people have food, medicines and the essentials of daily living, up to the maximum of procuring and delivering whatever a person needs.

Board Member Conlin asked about the strain that a response places on the healthcare system, while at the same time, healthcare workers are the most likely to be affected by the disease outbreak. Mr. Jorgenson reported that King County is the recipient of a grant to promote planning for these issues between Public Health and the hospital system to anticipate and plan for these challenges.

Board Member Conlin asked if King County has mutual aid relationships to quickly get healthcare workers in from another region to an affected area of King County. Dr. Plough confirmed that mutual aid agreements already exist through the paramedic/EMT systems and general emergency preparedness.

Board Member Counts asked if the ratio of 100 contacts to every real case (as experienced in Toronto during the SARS outbreak) is the magnitude of contact to case experience that we might expect. Dr. Jeffrey Duchin, Chief of Epidemiology for Public Health – Seattle & King County, replied that it depends on the organism, and is hard to generalize from SARS to other diseases.

Board Member Nicola asked what is being done in the area of joint training and joint preparation between public health, police, fire and other first responder agencies. Dr. Plough explained that the health department engages in table top exercises with the first responder community, such as TopOff 2, and has a range of different trainings, table tops and activities to try to bring these different cultures together.

Board Member Rasmussen clarified with Dr. Plough that he is the local enforcement officer, he can delegate that authority to someone else if he is out of town, but if in town, he will work in consultation with the person whose expertise most matches that emergency situation.

Board Member Rasmussen also asked where people will be kept involuntarily and how they are enforced to stay there. Ms. Eiden responded that those issues need a lot of work, and that currently options are limited to correctional facilities or facilities that provide treatment for substance abuse or electronic home detention.

Chair Edmonds thanked Mr. Jorgenson and Ms. Eiden for their presentation, and affirmed that this is an issue the Board is taking very seriously.

X. Briefing: Local Hazardous Waste

Chair Edmonds introduced Ken Armstrong, Administrator of the Local Hazardous Waste Management Program in King County, to talk about the financial picture of the program as a precursor to approaching the Board for a rate increase. Chair Edmonds appointed a subcommittee of the Board to look at that particular issue, which will include Board Member Nicola, Board Member Hutchinson, and Board Member Hammond.

Mr. Armstrong explained that his program's mission is to protect and enhance public health and environmental quality by helping citizens, businesses and government reduce the threat that is posed by the use, storage and disposal of hazardous materials. The program provides a variety of services to residents and businesses throughout King County, such as Wastemobile.

The program's partners include the Suburban Cities within King County, King County Solid Waste Division, Public Health – Seattle and King County, Seattle Public Utilities and King County Water and Land Resources Division.

Mr. Armstrong gave a presentation and overview of the program's finances, and informed the Board that his program would be asking the Board for an increase in the fees to support program activities. The program is funded primarily by solid waste and waste water fees set by the Board of Health in 1991. Some of the fees were raised in 1995, others have never been raised.

The program is spending significantly more than it is receiving in revenues. For example, in 2003 overall revenues totaled a little over \$9.1 million, and expenditures totaled a little over \$11.4 million, requiring a draw down of more than \$2.2 million from the program's fund reserves. In 2003, the Management Coordination Committee Task Program staff developed a 2005 budget that reduced program spending by more than 10% without reducing key program services, and reduced spending in 2004 as well. Despite these reductions, the program is expected to continue spending considerably more each year than it will take in. As a result, an increase in fee-based revenues will be required to maintain existing levels of service.

Board Member Hammond asked in preparation for the upcoming discussion on fee increases, what direct services does the ratepayer get back for the money the ratepayer pays in? Mr. Armstrong explained that on the residential side, the services are the collection of household hazardous materials through either the Wastemobile or two fixed facilities. Ratepayers receive the opportunity to dispose of unwanted household hazardous materials. Having determined that the fee is based on the potential for usage, Board Member Hammond expressed concern whether the local hazardous waste fees can legally be defined as fees or fall under the category of

taxation, which is outside the authority of the Board of Health. Chair Edmonds promised to have Jane McKenzie of the Prosecuting Attorney's office return to a future meeting to brief the Board on this issue, prior to the Board voting on the fee increases.

Chair Edmonds thanked Mr. Armstrong for his presentation.

XII. Briefing State Food Code

Chair Edmonds introduced Ngozi Oleru, Manager of the Environmental Health Division of Public Health, and Rick Miklich, Manager for the Food and Facilities Section, to brief the Board on the newly adopted state food code, which the Board is required to adopt prior to May 2. Chair Edmonds stated that she would appoint a subcommittee of this Board to look at the local adoption, and members will include Board Members Nicola and Counts, and another to be recruited.

Dr. Oleru explained that the State embarked on a broad-based and collaborative process to come up with this new rule, and that Public Health was intimately involved in both the steering committee and in the subcommittees that dealt with specific issues for the Food Code. Locally, the Department has been meeting with stakeholders over the past two and a half years on food and food safety issues.

Mr. Miklich discussed significant changes in the rule that will be put forth to the Board for adoption later this spring. He informed the Board that the changes are based on adopting the FDA Model Code into the State rule, and on advances in food safety science, and on the need for increased specificity in certain areas of the code.

In the new state rule, the definition of potentially hazardous foods is expanded to include cooked plant foods, and the definition of susceptible population is expanded beyond those people at high risk for food-borne illness, to those that receive food from a care facility. The rule expands the definition of food service establishments with exceptions for establishments that handle very simple types of foods on a very limited level. Potlucks, private events, and confectionaries are not considered a food service establishment and are exempt.

Board Member Hammond expressed his concern that exemptions be maintained for church functions. Mr. Miklich explained that as long as an event meets five criteria: people gather to share food; everyone is expected to bring food to share; no compensation is provided to anyone providing food; there is no charge for the people consuming the food; and the event is conducted for non-commercial purposes -- then the event is considered a potluck and is not under permit requirement.

Mr. Miklich noted that other changes include expanding the definition of temporary food establishments to include farmers' markets, and requiring that whenever a restaurant is open, they have to have someone on premises who can demonstrate knowledge and is responsible for maintaining compliance with the food code. Additionally, food workers can no longer wear artificial nails, polish, and jewelry when coming into contact with food, unless the worker wears gloves. There are many other minor changes, but a significant one is related to temperature

control. The lower limit of the “danger zone” is reduced from 45 to 41 degrees, and foods can be cooked to lower temperatures if the temperature is held for a longer time.

Foods like popcorn, cotton candy, and corn on the cob that have not demonstrated themselves to be a problem will continue to be exempt from permitting. The format of the inspection form will also be changing.

Chair Edmonds confirmed with Mr. Miklich that food inspectors are undergoing training to teach food establishments about the code changes during educational visits.

Dr. Oleru discussed the ongoing meetings with the stakeholder committee, and reiterated her request for a Board subcommittee to look at managing the food and meat codes side by side, implementing the new provisions in the rule, and also accommodating some of the King County specific needs.

Chair Edmonds clarified that the Board needs to update the county’s food code to at least meet if not exceed the State code, but that the county already meets or exceeds the new standards in many areas.

Board Member Rasmussen raised a concern about a restaurant in West Seattle that may be out of compliance with the “toilets for patrons” requirement. Dr. Oleru promised to get the name of the restaurant and look into the particular circumstances.

Chair Edmonds thanked Mr. Miklich and Dr. Oleru for their presentation.

XXI. Adjournment

Chair Edmonds adjourned the meeting at 12:07 p.m.

KING COUNTY BOARD OF HEALTH

CAROLYN EDMONDS, CHAIR

DATE